PTO/SB/06 (08-00)
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the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 47399-0015 OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) **NUMBER EXTRA** RATE FEE FOR NUMBER FILED **RATE FEE** s 740 **BASIC FEE** \$ OR (37 CFR 1.16(a)) x \$ 18 TOTAL CLAIMS 378 21 minus 20 = OR 41 INDEPENDENT CLAIMS OR 84 = 84 minus 3 =1 (37 CFR 1.16(b)) MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR = 1,202 TOTAL TOTAL OR * If the difference in column 1 is less then zero, enter "0" in column 2 OTHER THAN CLAIMS AS AMENDED - PART II SMALL ENTITY OR SMALL ENTITY (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL TIONAL RATE **AMENDMENT EXTRA AFTER PREVIOUSLY** FEE FEE AMENDMENT PAID FOR OR ς \$_18 <u>=</u> ** Total 9 Minus 0 x \$ (37 CFR 1.16(c)) OR Independent 42 _ 84 = 0 Minus OR (37 CFR 1.16(b)) 280 _ 140 = (37 CFR 1.16(d)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 2) (Column 3) (Column 1) **CLAIMS** HIGHEST ADDI-ADDI-**PRESENT** REMAINING NUMBER **RATE** TIONAL TIONAL RATE **AMENDMENT EXTRA** AFTER **PREVIOUSLY** FEE FEE PAID FOR AMENDMENT OR x \$_18 9 Total 0 Minus \$ (37 CFR 1.16(c)) OR 42 84 *** Independent Minus 0 OR 140 280 FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING **PRESENT** NUMBER **RATE** TIONAL TIONAL RATE **AMENDMENT AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR 9 18 Total (37 CFR 1.16(c)) ** 0 x \$ Minus 41 41 OR Independent 42 84 Minus 0 (37 CFR 1.16(b)) OR 140 280 = FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT. FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.